New Hampshire

UNIFORM APPLICATION
FY 2008 - STATE IMPLEMENTATION REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

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Areas Identified in the SFY08 Plan as Needing Improvement: Adult Plan

As with many other states, New Hampshire has faced a number of challenges to its mental health system during the FY08 period. Some of these were and are ongoing, some are responding to recent system improvements, and some are likely to remain challenges for several years to come.

This report reflects the gains and also highlights some of the deeper problems that the state is experiencing and continually addressing. NH's Department of Health and Human Services is making efforts to increase intra- and inter-agency communication, including across the various elements of the mental health system for both adults and children. There is an increasing emphasis on integrating services for children and on forming and strengthening linkages between mental health services and primary health care, across the lifespan.

Many priorities, themes, and areas needing attention in the State mental health system have been identified throughout this decade, and some of these have either remained unchanged, or became even more critical as we approach 2010. These issues may apply to both the adult and children's systems, i.e. the system in general. The FY08 application indicated six major areas that were targeted for continuing attention. These were noted in the FY08 Plan (pg.90) to be:

1. Need for available and affordable housing, both transitional and permanent, including alternatives to nursing homes.

FY08 Implementation: Transitional Housing Services constructed a ninth house, with six units, on the campus of New Hampshire Hospital, near the downtown area of Concord. The house expands the hospital's capacity to discharge patients to a transitional living environment.

The Bureau has begun negotiations with the New Hampshire Finance Authority and the City of Concord, through one of our providers, to apply for funds to construct a 15-bed residence in the Concord area.

The Community Mental Health Centers offer a variety of community-based housing arrangements and several Peer Support Agencies (PSAs) rent apartments in their buildings to members in their programs and one PSA has a transitional living program, in Manchester.

2. Need for sufficient community supports to prevent hospitalization.

FY08 Implementation: The Individualized Resiliency and Recovery Oriented System (IROS), legislated under Administrative Rule He-M 426, provides for Functional Support Services (FSS) that include Crisis Services, Medication Management, Family Support, and Therapeutic Behavioral Services. IROS is more congruent with enhancing flexible supports in the consumer's natural environment than the former MIMS (Mental Illness Management Services) system and expands community supports to prevent hospitalization.

As a result of the closing of the Androscoggin Valley Hospital (loss of the only psychiatric beds up north), the CMHC provider for the north country has implemented 5 ACT teams and reports a 50% reduction in the hospitalization rates for consumers served by their Berlin team.

One PSA provides a respite program with two bedrooms with private entrances and access to facilities and programs in the PSA to pre-screened consumers from any locality in the state.

The In-Shape program developed at Monadnock Family Services in Keene, NH, also conducted in Concord through Riverbend, is being studied (in Boston) by the Psychiatric Research Center, Dartmouth, for efficacy. BBH is exploring the feasibility of replicating statewide in the future.

3. Need for workforce development; need to reduce professional staff shortages.

FY08 Implementation: BBH has continued to develop relationships with Dartmouth Medical School, The Dartmouth Psychiatric Research Center (PRC), the Institute on Disability (IOD) at the University of New Hampshire, and the New Hampshire Post Secondary Technical Education System for a variety of activities designed to promote the development of skilled human resources, engage in services and clinical research, and market mental health careers to potential staff. Trainings and technical assistance to CMHC staff continues.

4. Need for sufficient psychiatric crisis beds in community hospitals.

FY08 Implementation: The State's plan to establish new beds in central New Hampshire did not result in a contract, however, the Bureau's year-long work with Franklin Hospital to develop a designated receiving facility did result in producing a very sophisticated alternative funding and programmatic model for hospital based DRFs, which will open the door to creating new DRFs in the state in the future. This model changes the way DRFs are financed, what programs are offered, and defines a new collaborative model for working with New Hampshire Hospital.

5. Need for adequate services for special populations.

FY08 Implementation: The National Institute of Mental Health (NIMH) funded a Dartmouth study to develop I-IMR as a new EBP. Integrated Illness Management and Recovery (I-IMR) is now implemented in Nashua (Region VI). It was already established in Manchester (Region VII). I-IMR is an adaptation of the evidence based practice IMR that integrates self-management skills for both psychiatric and medical illness by embedding primary health care management for common medical disorders into the mental health service setting, for adults age 50+ with SMI.

The Mental Health Center of Greater Manchester (Region VII) was presented with an award of excellence by SAMHSA for the provision of Integrated Dual Disorders Treatment (IDDT).

A pilot of the Family Joint Assistance Program, which serves veterans of the National Guard returning from Iraq and Afghanistan and their families, is in operation and a new Bureau has recently been established to coordinate the State's activities.

6. Need for increased technical assistance and monitoring of the Peer Support Agencies.

FY08 Implementation: A Memorandum of Understanding (MOU) was developed to include new fiscal accountability measures for the State-funded Peer Support Agencies (PSAs). The MOU has since been expanded to include indicators related to consumer control and Board of

Directors development. Directors and program coordinators of all PSAs began training last spring to become certified in Intentional Peer Support. This training is well received and appears to be engaging the interest of the majority of peer staff throughout the PSA network. Data collection is being enhanced through the implementation of a new data gathering and reporting process. Quality Improvement site reviews of the PSAs utilizing a standardized instrument that ties directly to the elements of the applicable Administrative Rules and the contracts have been initiated. This review process will result in agency-specific and statewide recommendations to assist the PSAs improve performance per their contracts. The PSAs began planning for a satisfaction survey process to be conducted during FY09.

New Hampshire

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

The Most Significant Events that Impacted the Mental Health System of the State in FY08: Adult Plan

The Bristol Observatory of Vermont (John Pandiani) provided the statistical analysis for the Population Overlap Estimation (POE) project. POE produces the unduplicated number of persons in the system and the numbers served by both the mental health system and each of the following: Corrections, Housing and Homeless, Labor, Justice, Education, Substance Abuse, private hospitals, and residential treatment centers for children. This project will continue and is enhancing understanding of the array of services that people served in the CMHCs receive from multiple other sources.

The Institute on Disability (Peter Antal) at the University of New Hampshire, per contract with BBH, conducted the FY08 state-wide MHSIP (Mental Health Statistical Improvement Program) consumer survey of people in the public mental health system. The data is reported in the FY08 URS (Uniform Reporting System) tables. In addition to the direct benefit of having better data, the project may yield information about ways to improve the survey response rates over time. The data has been analyzed and the results will be shared with stakeholders, including the State Planning Council and the CMHCs. An Advisory Board provided review and input to the process, and included consumers, family members, advocates, providers, and state employees.

The State MH Planning Council increased its focus on directly contributing to state planning and the State Plan, via collaborating with BBH on two State Transformation measures on youth/young adult transition practices and needs in the public mental health system. Data training was provided to the Council from both Dr. Pandiani and Dr. Antal and the Council also received in-state training from the National Association of Mental Health Planning and Advisory Councils. Although the original Co-Chairs of the Council each resigned in ’08, the emergent leadership has pressed forward with vigorous plans to further develop the Council as an influential voice in the State system.

Following the loss of ten inpatient psychiatric beds as a result of the closing of the only Designated Receiving Facility (DRF) in the North Country, Catholic Medical Center also closed its psychiatric unit. A plan to secure new inpatient beds in the central part of the state has been unsuccessful. These losses have increased the challenge of the already difficult task of locating or creating additional community-based alternatives to inpatient care at NHH, which continues to sustain resulting increases in admissions to that hospital. This situation is viewed as critical.

New Hampshire received a National Association of State Mental Health Program Directors (NASMHPD) Technical Assistance Grant for Person Centered Treatment, a recovery-oriented model that utilizes shared decision making and client-defined outcomes to help consumers achieve personally meaningful goals. The planning grant is providing technical assistance and training for the staffs of four Community Mental Health Centers.

The Bureau’s Office of Consumer and Family Affairs, once again operational, hired a full time program specialist to direct the Office. The new director is reestablishing the consumer/family and community-based connections that had been eroded during a prolonged period of vacancy.

The staff is publishing a quarterly newsletter, disseminates e-updates on items of relevance, and has created a Resource Library, including a dedicated computer, for public use.

"Fulfilling the Promise: Transforming New Hampshire's Mental Health System", a report prepared by the legislated Commission to Develop a Comprehensive State Mental Health Plan was released. BBH administrators and program staff were active on the Commission's work teams. The Commission has moved into an implementation planning phase, and is forming a "Mental Health Council" administered by a non-profit fiscal agent. The reports may be accessed at the Endowment for Health website: http://www.endowmentforhealth.org/_docs/126.pdf

A New Hampshire Hospital Taskforce was established to make recommendations on a 10-year plan to address critical mental health. The report "Addressing the Critical Mental Health Needs of NH's Citizens: A Strategy for Restoration" was released in the fall and is expected to have a significant impact on state planning for the foreseeable future. This report will guide much of the State's public mental health system and budget requests and provide information useful to the State Planning Council. The report may be accessed at http://www.dhhs.state.nh.us/NR/rdonlyres/edjewp3inky7q4iw4uhauenwl2l23a5cxgb5nvygnmrje73haki73eoqdml2ftsns2hfsfnocbzrjgt6ou6nbx7kghf/bbh_mentalhealthreport.pdf

New Hampshire

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

The purposes for which the block grant monies for State FY07 were expended, the recipients of grant funds, and a description of activities funded by the grant: Adult Plan.

NH expends the Block Grant allocation for the purpose of supporting the State's consumer-driven programs and services. The grant pays for the majority of the total State support of NH's peer support agencies (PSAs), including technical assistance and training. Peer Support Agencies are a strong resource and support for the adult system. PSAs do not serve individuals under the age of 18.

PSAs provide choice, using non-medical approaches to help individuals by sharing decision making, encouraging informed decisions, and challenging self-perceived limitations. Activities of the PSAs vary, but are likely to include "Warm Lines" for telephone peer-to-peer support, face-to-face routine contacts to check on a person's well-being, monthly educational events, wellness training, and crisis respite, a 24 hour, short-term, non-medical crisis program.

The grant also provides support for consumers' and families' active participation in initiatives that promote recovery-based systems of care, through the State Planning Council, in the conduct of its required duties. The grant funds stipends to offset the cost burden of attendance for those in need and supported the participation of a second State Planning Council representative (a parent of a child with SED) at the annual National Block Grant and Data Conference and the FY08 Peer Review. The grant funded the printing of several reports either generated by the Council or by the State Planner in response to Council recommendations.

Additionally, the block grant funds contributed to the maintenance of the Mental Health and Aging Consumer Advisory Council. This group has been meeting for many years, but is not a state-supported council. A grant supporting the meetings expired, and in the interest of assisting the group to continue meeting, a plan was developed to engage the Mental Health and Aging Council in providing specific input to the Bureau regarding the issues of aging and mental health services in the community. The grant is funding the effort under the newly created State Plan Advisory Project, described in the FY09 application.

NH MH Block Grant: Purpose for which funds were used and recipients				
Report Year:	2008			
State Identifier:	NH			
Peer Support Agencies	**Address**	**Name of Director**	**Phone #**	**Amount of Block Grant Allocation to Agency**
Alternative Life Center	110 W. Main St. P.O. Box 241 Conway NH 03818	Patricia Tal	(603) 447-1765	$291,298.00
Stepping Stone Drop In Center association	108 Pleasant St. Claremont, NH 03743	Jude Dolan	(603) 543-1388	$223,805.00
Lakes Region Consumer Advisory Board	328 Union Ave. P.O. Box 304 Laconia, NH 03247	David LaCroix	(603) 524-0801	$233,740.00
Granite State Monarchs	64 Beaver St. P.O. Box 258 Keene, NH 03431	Damien Licata	(603) 355-5093	$104,890.00
On The Road To Better Living	13 Orange St. P.O. Box 1721 Manchester, NH 03105	Warren Bouchard	(603) 623-4523	$206,293.00
Seacoast MH Consumer Alliance	544 Islington St. Portsmouth, NH 03801	Charlotte Duquette	(603) 427-6966	$131,147.00
Tri-City Consumer Action Co-operative	814 Central Ave. Dover, NH 03820	Hilary Clarke	(603) 742-7559	$104,621.00
Circle of L.I.F.E.	11 Wall St. P.O. Box 409 Derry, NH 03038	Linda Wilde	(603) 432-9072	$109,561.00
			Total in contracts	**$1,405,355**
State Support/State Planning Council	**Address**	**Name of State Planner**	**Phone #**	**Amount of Block Grant Allocation to Agency**
Bureau of Behavioral Health (SMHA)	105 Pleasant St Concord, NH 03301	Lee Ustinich	(603) 271-5048	$102,928
Administration (5%)	105 Pleasant St Concord, NH 03301	Lee Ustinich	(603) 271-5048	$79,383
			Total '08 grant	**$1,587,666**

New Hampshire

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Areas Identified in the SFY08 Plan as Needing Improvement: Child Plan

The children's mental health systems' most pressing needs noted in the FY08 Plan (pg. 110) include:

1. Need for sufficient community supports to prevent hospitalization.

FY08 Implementation: The children's service system has made progress in planning for the development of EBPs and in implementation of Trauma-Focused Cognitive Behavioral Therapy (TFCBT). The Dartmouth Trauma Research Center, in partnership with West Central Behavioral Health, a CMHC, and the Bureau of Behavioral Health, applied to the National Child Traumatic Stress Network for the Partners in Adolescent Trauma Treatment project (PATT). PATT is implementing the TFCBT practice in New Hampshire.

The NH Endowment for Health awarded a planning grant for teleconferencing infrastructure development with the CMHC system and Dartmouth. Other funding from a private foundation along with local CMHC funding resulted in all ten CMHC's having teleconferencing equipment. This technology was used for the expansion of the TFCBT practice to all ten CMHCs, which is a continuing statewide EBP for children and adolescents.

The Bureau established a mechanism (billing, clinical protocols, and consent protocols) for services to be Medicaid reimbursable if provided by video conferencing. Northern Human Services (Region I, in the most rural northern part of the state) is utilizing video conferencing to provide access to child psychiatry to its clients. An RFP was issued to establish a Child ACT, but that has not yet resulted in a contract. It has been reissued, adding Multi-systemic Therapy as a component. If that contract is realized, MST will be the first SAMHSA-recognized child EBP for NH.

2. Need for workforce development; need to reduce professional staff shortages.

FY08 Implementation: The children's Statewide Individualized Resiliency and Recovery Oriented Services/Evidence-Based Practices (IROS/EBP) steering committee significantly contributed to the revision of Administrative Rule He-M 426, to insure that its service descriptions and language were age and developmentally appropriate, as well as supportive of a resiliency/recovery oriented framework. IROS provides for Functional Support Services that include Medication Education, Symptom Management, Family Support, and Therapeutic Behavioral Services.

The children's IROS/EBP group also worked on Foundation Skills trainings to ensure that the trainings are relevant to the children's workforce. This training for CMHC staff, especially paraprofessionals, is also open to interested consumers and family members. The Foundation Skills training helps strengthen the basic competencies for the children's system work force and provides a platform for the introduction of EBPs.

3. Need for sufficient psychiatric crisis beds in community hospitals.

FY08 Implementation: The State's plan to establish new beds in central New Hampshire did not result in a contract, however, the Bureau's year-long work with Franklin Hospital to develop a designated receiving facility did result in producing a very sophisticated alternative funding and programmatic model for hospital based DRFs, which will open the door to creating new DRFs in the state in the future. This model changes the way DRFs are financed, what programs are offered, and defines a new collaborative model for working with New Hampshire Hospital. The need for community-based crisis beds for children continues, although the children's system is less significantly impacted than the adult system at this time.

4. Need for adequate services for special populations.

FY08 Implementation: A pilot of the Family Joint Assistance Program, which serves veterans of the National Guard returning from Iraq and Afghanistan and their families, is in operation and a new Bureau has recently been established to coordinate the State's activities. The state is moving forward with efforts to increase integration of children's services, which will include services for special populations of children. Although the Bureau's position of the coordinator of Children's and Adolescent Mental Health Services remains vacant and "frozen", the Commissioner has appointed a staff administrator with the Division of Community Based Care Services to be the point person for integrated children's services, and this individual will work closely with BBH.

5. Need for integrated services across departments, divisions, and systems.

FY08 Implementation: BBH has been partnering with the NH DOE project to develop Positive Behavioral Interventions and Supports (PBIS) infrastructures in NH schools. Using the three tiered PBIS model of universal, targeted and intensive level interventions, linkages are being made to PBIS schools by CMHC's and other community entities through a federal Safe and Drug Free Schools grant initiative. In some regions the project has accomplished cross training and the creation of community–based collaboratives.

Integrated children's services are a priority in New Hampshire's State Plan. Funding and responsibility for mental health services is spread across a number of agencies. The state has embarked on a project for Integrated Children's Services with a plan to use an Administrative Services Organization strategy to braid financing and develop care management processes for youth with intensive service needs and their families.

Integrating children's services across agencies and systems is expected to improve crisis response to prevent hospitalization, workforce development, and services to special populations (such as youth with developmental disability/mental illness, sexually reactive youth, youth with co-occurring MH/SA, and youth transitioning to adulthood, youth leaving foster care and so forth). Additionally, the increased focus on improving the children's mental health Regional Planning process is creating better linkages among families, CMHCs, Juvenile Justice, Child Protection and Public Health providers.

New Hampshire

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

The Most Significant Events that Impacted the Mental Health System of the State in FY08: Children's Plan

Although this is not a joint response, please note that some of the significant achievements and new developments described in the Adult Plan will have an impact and benefits for families of children with SED, such as the work of the Office of Consumer and Family Affairs and the report on the Critical Mental Health Needs/Strategy for Restoration. The improved regional planning process is in its second year and is reinforcing the importance of partnerships and shared responsibility for children's mental health with families, and other child-serving entities. The process and a new standardized format for the plans are helping to better articulate the accomplishments and challenges in the comprehensive system for children and adolescents. This is of help relative to state planning discussions and to inform the State Planning Council.

The vacant and "frozen" position of the state planner that coordinates the Bureau's Children and Adolescents Mental Health Services, in collaboration with other child/youth-serving agencies, remains unfilled and may be eliminated during the current state budget cutting directives. The interagency teams that support the children's system continue to meet, with the ongoing goal of expanding effective integrated services.

A point-person for all children's services across agencies has been appointed by the Commissioner. This is an administrator with the Division of Community Based Care Services, who will also serve on the State Planning Council as a consultant to the Executive Committee of the Planning Council. We await more information on this organizational change, which will undoubtedly have an impact on the Bureau's approach to constructing and articulating the Child Plan for the block grant application.

The Endowment for Health is implementing Project RENEW at three mental health centers and the Tobey School. The Tobey School is an alternative day and residential school for students identified as educationally disabled and entitled to services under an Individual Education Plan (IEP). Project RENEW is a school-to-career model for youth with SED. The State Planning Council's 2008 work on Transition of Youth/Young Adults helped influence the FY10 budget, set to fund a portion of Project RENEW, which is a school-to-career model for youth with SED. This will be the first time a portion of NH's block grant funds will be allocated to services for children.

To date there have been no submissions of proposals for the Child ACT contract, which was to have begun by July 2008. The Bureau is very hopeful there may still be a contract awarded resulting in the program implementation in FY09. Other EBPs for children that NH conducts include Trauma-Focused Cognitive Behavioral Therapy (TFCBT) and Disruptive Behaviors. NAMI-NH received a contract to conduct Family Support Services across the lifespan.

New Hampshire

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

The purposes for which the block grant monies for State FY08 were expended, the recipients of grant funds, and a description of activities funded by the grant: Children's Plan

NH expended the block grant allocation for the purpose of supporting the State's consumer-driven programs and services. The primary use of the grant is to pay for the majority of the cost of the contracts with NH's peer support agencies (PSAs), including technical assistance and training. At this time, the PSAs serve adult consumers age 18 and over. Children of participants may attend certain PSA activities, such as some social or holiday events, as family members.

Support from the block grant maintains consumers' and families' active participation in initiatives that promote recovery-based systems of care, through the State Planning Council, in the conduct of its required duties. This includes stipends for parents of children with SED, to enable attendance by offsetting the cost burden of those in need. The grant also funded the participation of a second State Planning Council representative, a parent of a child with SED, at the National Block Grant and Data Conference and the FY08 Peer Review. Additionally, the grant funded print material either generated by the Council, such as the report on Transition of Youth, or by BBH in response to Council recommendations.

It is anticipated that in FY10, a portion of the grant will help fund Project RENEW, a school-to-career initiative for youth. The decision to so was in part a result of the 2008 work the Planning Council did on the transition of youth with SED from the children's system to the adult system.

Please see the table "NH MH Block Grant: Purpose for which funds were used and recipients" in the Adult section for a chart of the FY08 expenditures.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	10,023	8,801	8,889	10,306	115.94
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Ensure that adults with SMI are accessing services through the public system

Target: Expand access to services to the estimated number of adults with SMI by a minimum of 1% over the previous year's prevalence estimate and/or 1% over the prior actual count

Population: State-eligible adults with SMI in the public system

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: The number of State-eligible adults with SMI served in the public system

Measure: Numerator-the number of State-eligible adults with SMI who received mental health services during the SFY
Denominator-the federally estimated number of adults with SMI residing in New Hampshire

Sources of Information: URS Table 14A

Special Issues: NH eligibility criteria definitions are used to estimate the number of adults with SMI who receive services; NH definitions are more restrictive than federal definitions; the decrease in the FY07 count is due to the unduplication of the data; the increase in the FY08 count is due to the increase in the number served (unduplicated).

Significance: NOM #1 Increased Access to Services; New Hampshire adults with SMI who are eligible for State services shall be served in the public mental health system

Activities and strategies/ changes/ innovative or exemplary model: Monitored service utilization, and analyzed trends at each CMHC and statewide; worked with CMHCs on an individual basis to support appropriate service access.

Target Achieved or Not Achieved/If Not, Explain Why: Target was achieved and exceeded. The Bureau is pleased that the Community Mental Health Centers are improving access to services for our target population. Ongoing workforce development issues contribute to the affects on the public system.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	17.68	16.47	15.47	16.13	95.91
Numerator	278	273	--	219	--
Denominator	1,572	1,658	--	1,358	--

Table Descriptors:

Goal: Assure appropriate supports for adults being discharged from New Hampshire Hospital (continuity of care)

Target: Reduce the number of non-forensic readmissions to NHH within 30 days of discharge by a minimum of 1% each year

Population: Adults with SMI in the public system admitted to New Hampshire Hospital

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of (non-forensic) readmissions to NHH within 30 days of discharge

Measure: Numerator-the number of adults who are readmitted to NHH within 30 days
Denominator-the number of adults discharged from NHH during the past year

Sources of Information: URS Table 20A

Special Issues: An additional 10 inpatient psychiatric beds in the North Country were eliminated due to the DRF hospital closing; housing and community supports are limited; NH eligibility criteria definitions are used to estimate the number of adults with SMI who receive services; NH definitions are more restrictive than federal definitions; an attempt to contract for community beds in central NH, which would especially help relieve the problem of no beds in the northern tier of the state, was not successful.

Significance: NOM #2 Reduced Utilization of Psychiatric Inpatient Beds - 30 days; adults with SMI shall have sufficient discharge planning, aftercare, and community supports to prevent or reduce their readmission to the State psychiatric hospital within 30 days of a discha

Activities and strategies/ changes/ innovative or exemplary model: EBPs (IMR/SE) conducted in all ten regions statewide; attempted to contract for new crisis beds in other hospitals; piloting ACT team in high-utilization area; provided technical assistance for Person-Centered Treatment to CMHCs; continuing to assess barriers and gaps in community supports; offering educational/empowerment workshops to consumer/family members on available services, throughout the state; continuing Intentional Peer Support for the PSA staff of all PSAs; the Bureau is evaluating potential approaches to increasing community supports.

Target Achieved or Not Achieved/If Not, Explain Why: Although not achieved, the number of readmissions at 30 days is not as severe as anticipated, given the continuing loss of psychiatric beds in the community hospitals and the pressure to discharge in order to make room for new admissions. Factors such as inadequate psychiatric beds available outside of the state hospital, additional closings of psychiatric beds in general/community hospitals, and inadequate community supports to prevent re-hospitalization all affect readmission rates.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	29.58	29.01	28	32.33	86.61
Numerator	465	481	--	439	--
Denominator	1,572	1,658	--	1,358	--

Table Descriptors:

Goal: Prevent adults with SMI from being re-hospitalized within 6 months of a discharge

Target: Reduce the number of adult non-forensic readmissions to NHH within 180 days of discharge by a minimum of 1% each year

Population: Adults with SMI in the public system admitted to New Hampshire Hospital

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adult non-forensic readmissions to NHH within 6 months of discharge

Measure: Numerator-the number of adults who are readmitted to NHH within 6 months
Denominator-the number of adults discharged from NHH during the past year

Sources of Information: URS Table 20A

Special Issues: An additional 10 inpatient psychiatric beds in the North Country were eliminated due to the DRF hospital closing; housing and community supports are limited; NH eligibility criteria definitions are used to estimate the number of adults with SMI who receive services; NH definitions are more restrictive than federal definitions; an attempt to contract for community beds in central NH, which would especially help relieve the problem of no beds in the northern tier of the state, was not successful.

Significance: NOM #2 Reduced Utilization of Psychiatric Inpatient Beds - 180 days; adults with SMI shall have sufficient discharge planning, aftercare, and community supports to prevent or reduce their readmission to the State psychiatric hospital within 180 days of a discharge

Activities and strategies/ changes/ innovative or exemplary model: EBPs (IMR/SE) are conducted in all regions; attempted to contract for new crisis beds in other hospitals; piloting ACT team in high-utilization area; provided technical assistance for Person-Centered Treatment to CMHCs; continuing to assess barriers and gaps in community supports; offering educational/empowerment workshops to consumer/family members on available services, throughout the state; continuing Intentional Peer Support for the PSA staff at all PSAs; evaluating potential approaches to increasing community supports.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved. Previous years' readmission rates reflect the greater capacity in the past of general hospitals to absorb some of the readmissions, as well as more supports in the community than available currently. Inadequate psychiatric beds available outside of the state hospital, additional closings of psychiatric beds in general/community hospitals, and inadequate community supports to prevent re-hospitalization all contribute to the higher readmission rates. Lack of housing and poverty continue to significantly impact this population.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: NH does not conduct this EBP at this time

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	5.62	7.92	8.92	7.52	84.30
Numerator	563	697	--	775	--
Denominator	10,023	8,801	--	10,308	--

Table Descriptors:

Goal: Support and increase the access to, and maintenance of, the competitive employment of adults with SMI in their communities

Target: The number of adults receiving Supported Employment (SE) will increase by a minimum of 1% of the denominator each year

Population: State-eligible adults with SMI in the public system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of adults receiving Supported Employment (penetration rate)

Measure: Numerator-the number of adults with SMI receiving Supported Employment services
Denominator-the number of adults with SMI in the system

Sources of Information: BBH information system

Special Issues: SE is not reported under a separate billing code; SE is not reported in URS Table 16NH; eligibility criteria definitions are used to estimate the number of adults with SMI who receive services; NH definitions are more restrictive than federal definitions

Significance: NOM #3 Evidence Based - Number of Persons Receiving SE; reducing barriers such as the eligibility restrictions of many employment-related programs should assist adults with SMI to attain and maintain competitive employment; SE, with high fidelity, is proven to be an effective service for individuals with SMI seeking competitive employment, and helps to reduce disparities by enhancing supports for those persons

Activities and strategies/ changes/ innovative or exemplary model: Continued all work-related supports and programs; monitored performance of MOU with Vocational Rehabilitation to accelerate Supported Employment activities within CMHCs; provided training and technical assistance to all CMHCs; monitored fidelity and penetration.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved. Supported Employment is now conducted statewide and in one residential program. We anticipate increased activity over the coming years. Better marketing of the program may be indicated.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	0	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	Support adults with SPMI to maintain their housing, employment and other aspects of daily living in their communities and prevent/reduce their incidence of rehospitalizations
Target:	Establish and maintain an ACT team in 2008 in one region in an urban area of the state
Population:	State-eligible Adults with SPMI in the public system
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	The number of persons receiving ACT
Measure:	Numerator-the number of adults with SPMI who are enrolled in ACT Denominator-the number of adults with SPMI
Sources of Information:	BBH information system
Special Issues:	Implementation did not begin in FY08 as projected; the contract has been awarded for FY09. Fidelity will not be measured; there is no billing code for ACT; ACT is not reported in URS Table 16; NH eligibility criteria definitions are used to estimate the number of adults with SMI who receive services; NH definitions are more restrictive than federal definitions
Significance:	NOM #3 Evidence Based - Number of Persons Receiving Assertive Community Treatment; programs utilizing ACT teams are proven to be an effective approach for maximizing supports in the natural environment for individuals identified as likely to benefit from ACT, and helps to reduce disparities by enhancing supports for those persons
Activities and strategies/ changes/ innovative or exemplary model:	A contract was awarded (FY09) to Community Council of Nashua (a CMHC)and staff for the team have been hired. The training of the staff is set to commence. We will establish a baseline to determine the desired rate of increase annually in the number served after sufficient census data becomes available; the pilot is expected to ultimately serve 38 adults with Severe and Persistent Mental Illness (SPMI).
Target Achieved or Not Achieved/If Not, Explain Why:	Target not achieved in FY08 due to delayed implementation. The ACT pilot in one urban area of NH's southern tier is going forth now; BBH views the ability to establish ACT in the designated community as a high priority.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: NH does not conduct this EBP at this time

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: NH does not conduct this EBP at this time

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	251	5.84	6.80	12.35	181.62
Numerator	N/A	514	--	1,273	--
Denominator	N/A	8,801	--	10,308	--

Table Descriptors:

Goal:	Support and increase resiliency/recovery-oriented self-care and the optimal wellness of adults with SMI in their communities
Target:	The number of adults receiving Illness Management and Recovery will increase by a minimum of 1% of the denominator each year
Population:	State-eligible adults with SMI in the public system
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of adults receiving Illness Management and Recovery
Measure:	Numerator-the number of adults with SMI receiving IMR Denominator-the number of adults with SMI in services
Sources of Information:	URS Table 17
Special Issues:	NH eligibility criteria definitions are used to estimate the number of adults with SMI who receive services; NH definitions are more restrictive than federal definitions
Significance:	NOM #3 Evidence Based - Number of Persons Receiving Illness Self-Management; persons with SMI are likely to benefit from supports that assist them in enhancing self-care and that focus on health and well-being rather than the negative aspects of living with the impairment; the IMR model, with high fidelity, is proven to be an effective support for individuals engaged in IMR services
Activities and strategies/ changes/ innovative or exemplary model:	Provided training and technical assistance to all CMHCs; monitored fidelity and penetration. CMHCs now able to receive payment for the service under Medicaid.
Target Achieved or Not Achieved/If Not, Explain Why:	Target achieved and exceeded. NH reconfigured Medicaid billing to include Illness Management and Recovery. Percent involved expected to increase as program matures.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: NH does not conduct this EBP at this time

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	84.96	0	78.74	78.74	100
Numerator	576	0	--	426	--
Denominator	678	N/A	--	541	--

Table Descriptors:

Goal: Consumers will be satisfied with the services they receive.

Target: The percent of adults with SMI reporting positively on general satisfaction with services will increase by a minimum of 1% each year.

Population: Adults with SMI in the public system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: MHSIP survey responses will yield a satisfaction percent that is increasing each year

Measure: Nominator-the number of positive responses
Denominator-the total number of responses

Sources of Information: URS Table 11; Question #5; Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey

Special Issues: BBH has created a new contract to improve the quality of this data; the former adult survey was not conducted in FY07 as routinely scheduled due to the proximity of the dates for conducting the new survey in 2008. The measure is changed from "treatment outcomes" (06) to "general satisfaction" (08). The 06 actual has been corrected to reflect "general satisfaction" on this chart for this report. FY08 establishes a new baseline for "general satisfaction". NH eligibility criteria definitions are used to estimate the number of adults with SMI who receive services; NH definitions are more restrictive than federal definitions.

Significance: NOM #4 Client Perception of Care; receiving feedback on consumer satisfaction is useful data for service providers, advocates, the State mental health authority, the State Planning Council, legislators, policy makers, and other stakeholders in the public MH system

Activities and strategies/ changes/ innovative or exemplary model: Conducted the surveys, analyzed the results, and are sharing the data with the Community MH Centers, the State Planning Council and other stakeholders.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved; 78.74% is the new baseline for this measure.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	42.49	39.16	40.16	35.92	89.44
Numerator	4,942	5,368	--	7,278	--
Denominator	11,631	13,708	--	20,264	--

Table Descriptors:

Goal:	The public mental health system will support adults in attaining and maintaining competitive employment in the community
Target:	The percent of adults employed shall increase by a minimum of 1% each year
Population:	Adults in the public mental health system
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of adults reporting employment at the time of inquiry
Measure:	Numerator-the number of adults who are competitively employed full or part time (includes Supported Employment) Denominator-the number of adults who are receiving services; excludes data reported as “not available”
Sources of Information:	URS Table 4
Special Issues:	Employment data is gathered by a point-in-time query and, as such, presents limitations on attaining a more accurate picture of the employment of this population. The agencies are still in the process of the implementation of data collection for this item. The "not available" data rate is dropping but was still over 40%.
Significance:	NOM #5 Adult - Increase/Retained Employment; viable employment at a living-wage is generally valued, desired, and necessary for individuals who wish to, and are able to, work at a paid job
Activities and strategies/ changes/ innovative or exemplary model:	Continued provision of all work-related supports and programs; monitored performance of MOU with Vocational Rehabilitation to accelerate Supported Employment activities within the CMHCs.
Target Achieved or Not Achieved/If Not, Explain Why:	Target not achieved. The percent of data that is "not available" is 44%, so the data obtained is of limited use. Improvement is actively in progress regarding data collection and reporting.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	56.82	N/A	60.53	60.53	100
Numerator	25	N/A	--	23	--
Denominator	44	N/A	--	38	--

Table Descriptors:

Goal: To support adults with SMI in preventing and reducing their involvement with the criminal justice system, and, while in services, address the criminalization of SMI-related behaviors and associated stigma

Target: The percent of adults with SMI who report not being rearrested during the most recent 12 month period, when they had been arrested during the prior 12 month period, will increase by a minimum of 1% each year

Population: Adults with SMI in the public system who have been arrested

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: MHSIP survey responses will indicate a decrease in the repeat arrest rate of adults with SMI

Measure: Nominator-the number of people arrested in year one (T1) who were not rearrested in year two (T2), new and continuing clients combined
Denominator-the number of people arrested in year one (T1), new and continuing clients combined

Sources of Information: URS Table 19A; Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys

Special Issues: BBH has created a new contract to improve quality of data; NH eligibility criteria definitions are used to estimate the number of adults with SMI who receive services; NH definitions are more restrictive than federal definitions

Significance: NOM #6 Adult - Decreased Criminal Justice Involvement; reducing or eliminating involvement of persons with SMI with the police/courts/jails/prisons is generally deemed desirable by the individuals, their families, and their communities; stigma associated with SMI is often heightened by the involvement with criminal activity; persons with SMI often do not receive adequate and appropriate mental health care while in the correctional system, and coordinated discharge planning and follow-up by MH providers is often lacking

Activities and strategies/ changes/ innovative or exemplary model: Conducted the surveys, analyzed the results and will be sharing the data with the Community Mental Health Centers, the State Planning Council and other stakeholders; continued to provide technical assistance to existing and planned mental health courts; provided technical assistance for Person-Centered Treatment to CMHCs in FY08.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved; 60.53% is the new baseline for this measure.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1.65	1.60	1.10	2.53	43.48
Numerator	155	151	--	456	--
Denominator	9,372	9,421	--	18,038	--

Table Descriptors:

Goal: To assist adults who homeless, including being in shelters, engage in CMHC mental health services that support the attainment of a safe, adequate living situation

Target: The percent of adults reporting being homeless or in shelters shall be decreased by .5% from the prior year's actual count

Population: Adults in the public mental health system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percent of adults reporting being homeless, including being in shelters

Measure: Numerator- the number of adults reporting their living situation as homeless/shelter
Denominator-the number of adults; excluding data reported as "other" and "not available"

Sources of Information: URS Table 15

Special Issues: Reporting categories "other" and "N/A" are excluded from the counts; together they constitute 49% of the adult responses; as such, the usefulness of this data is limited, although the collection and reporting is improving.

Significance: NOM #7 Adult - Increased Stability in Housing; lack of adequate, safe, and affordable housing is likely to be detrimental to supporting resiliency and recovery for individuals with mental illness; homelessness is a condition that significantly increases disparities in health care, including lack of access to services and barriers to service utilization

Activities and strategies/ changes/ innovative or exemplary model: Continued to provide the full service array appropriate to individual's needs; provided technical assistance for Person-Centered Treatment to all CMHCs

Target Achieved or Not Achieved/If Not, Explain Why: The target as set from '07 was not achieved but the integrity of the data has improved due to the implementation of improved reporting and collection procedures.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	0	N/A	61.02	61.02	100
Numerator	0	N/A	--	324	--
Denominator	N/A	N/A	--	531	--

Table Descriptors:

Goal: Adults with SMI will have social supports that enhance their social connectedness

Target: The percent of adults with SMI reporting positively about social supports and social connectedness will increase by a minimum of 1% each year.

Population: Adults with SMI in the public system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: MHSIP survey responses will yield a percent that is increasing each year.

Measure: Nominator-the number of positive responses
Denominator-the total number of responses

Sources of Information: URS Table 9: Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys

Special Issues: This is a new performance measure, submitted in 3/08 as a modification to the FY08 Plan, based on NH being able to conduct the MHSIP survey in an improved manner compared to the past.

Significance: NOM #8 Adult - Increased Social Supports/Social Connectedness; persons with SMI are known to generally benefit, as are most human beings, from a healthy, interactive, social environment, and by having an array of social supports to draw upon for enhancing self-care; the reported information is useful to entities such as peer support centers and mental health service providers in making programming determinations

Activities and strategies/ changes/ innovative or exemplary model: Established a baseline from the statistical reporting form; technical assistance provided by BBH

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved; FY08 baseline established at 61%

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	0	N/A	0	65.54	N/A
Numerator	0	N/A	--	350	--
Denominator	N/A	N/A	--	534	--

Table Descriptors:

Goal: Adults with SMI will experience improved levels of functioning over time

Target: The percent of adults with SMI reporting positively about their level of functioning will increase by a minimum of 1% each year.

Population: Adults with SMI in the public system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: MHSIP survey responses will yield a percent that is increasing each year.

Measure: Nominator-the number of positive responses
Denominator-the total number of responses

Sources of Information: URS Table 9: Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys

Special Issues: This is a new performance measure, submitted in 3/08 as a modification to the FY08 Plan, based on NH being able to conduct the MHSIP survey in an improved manner compared to the past.

Significance: NOM #9 Adult - Improved Level of Functioning; self-report of functioning/improved functioning by a person with SMI is valuable to the person regarding his/her own resiliency, recovery, and self-care, and such feedback is useful to entities such as peer support centers in making programming determinations

Activities and strategies/ changes/ innovative or exemplary model: Established a baseline from the statistical reporting form; technical assistance provided by BBH

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved; FY08 baseline is set at 65.5%

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Increased Private Residence Status

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	87.50	88.49	89.50	79.28	88.58
Numerator	8,190	8,336	--	14,302	--
Denominator	9,359	9,420	--	18,038	--

Table Descriptors:

Goal: To assist adults who are without a stable living situation engage in CMHC mental health services that support the attainment of a safe, adequate, and stable living situation

Target: The percent of adults reporting living in a private residence shall increase by 1% from the prior year's actual count

Population: Adults in the public mental health system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: The percent of adults reporting private residences

Measure: Numerator- the number of adults reporting their current living situation to be a private residence
Denominator-the number of adults for whom we have housing information

Sources of Information: URS Table 15

Special Issues: Reporting categories "other" and "N/A" are excluded from the counts; together they constitute 49% of the adult responses; as such, the usefulness of this data is limited at this time, although the data is improving.

Significance: NOM #7 Adult - Increased Stability in Housing; lack of adequate, safe, and affordable housing or lack of a stable living situation is likely to be detrimental to supporting resiliency and recovery for individuals with SMI; lack of stable housing is a condition that adds to disparities in health care, including creating barriers to access and utilization of services, for certain groups, such as persons with SMI and low income

Activities and strategies/ changes/ innovative or exemplary model: Continued the provision of full service array appropriate to individual's needs; provided technical assistance for Person-Centered Treatment to all CMHCs

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved. Integrity of data is improving with the new implementation of reporting and collection procedures. This state measure enables NH to have a place to start to trend this information over time.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: PATH Homeless Outreach

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	81.91	91.18	81.91	91.18	111.32
Numerator	1,168	1,106	--	1,106	--
Denominator	1,426	1,213	--	1,213	--

Table Descriptors:

Goal: To maintain or exceed the same level of service provided to the FY06 number of adults with SMI served by PATH funds, which have not significantly increased in amount ($300,000) for over five years

Target: The percent of adults enrolled as PATH clients will not decrease from the FY06 level of the total number of persons served by the PATH outreach workers

Population: Adults with SMI

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: The percent of adults enrolled as PATH clients

Measure: Numerator-the number of adult PATH clients enrolled
Denominator-the number of adults served by PATH outreach workers

Sources of Information: Numerator-the number of adult PATH clients enrolled
Denominator-the number of adults served by PATH outreach workers

Special Issues: The PATH prior fiscal year reports are not available until after the new calendar year; therefore the data always lags behind by a year; this year the actual most recent data (FY07) will be used in order to become congruent with the availability of the data. This will put the FY09 Implementation Report and all subsequent applications and reports on track.

Significance: NOM # 7 Adult - Increased Stability in Housing; lack of adequate, safe, and affordable housing or lack of a stable living situation is likely to be detrimental to supporting resiliency and recovery for individuals with SMI; lack of basic housing is a condition that adds to disparities in health care for certain groups, such as homeless persons with SMI

Activities and strategies/ changes/ innovative or exemplary model: Monitored the service level of the seven PATH providers through reports of the Bureau of Housing and Homeless

Target Achieved or Not Achieved/If Not, Explain Why: Target is met and exceeded.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Transition Practices for Adolescents and Young Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	100	100	100
Numerator	N/A	N/A	--	6	--
Denominator	N/A	N/A	--	6	--

Table Descriptors:

Goal: To improve the delivery of transition services to meet the needs of adolescents and young adults.

Target: The work plan will be 100% completed, for the development of a proposed plan for improving mental health services and supports to transition aged adolescents and young adults, with implementation of a pilot within two years.

Population: Young adults age 18-24 in the public memntal health system.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: The percentage extent of the completion of the work plan

Measure: Numerator-number of work plan elements completed
Denominator-number of elements in the work plan

Sources of Information: BBH State Planner; NH State Mental Health Planning and Advisory Council

Special Issues: This is a new State transformation measure for young adults age 18-24, matched by an identical new State transformation in the Children's Plan (for adolescents age 14-17)

Significance: NOM #1, Increased Access to Services and all New Freedom Commission Goals, #1 through 6. New Hampshire is taking the innovative approach of crossing two age groups and their respective service systems, children and adult, with one measure. It is also an innovative approach in that the Planning Council and the Bureau are active partners in the development of this measure; transition-specific activities for the identified age group are known to be a service gap in the NH public mental health system

Activities and strategies/ changes/ innovative or exemplary model: Analysis of the current needs and supports has been completed; an initial report on the present system with recommendations, due by June 30, 2008 was completed and has been submitted to the Bureau of Behavioral Health.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved. The first year work plan (6 essential elements) was completed in full.

NH has implemented a new MHSIP Survey process (Consumer/family Satisfaction Surveys) that has resulted in greater data integrity than the previous method. As such, the FY08 MHSIP data is now the new baseline data for all measures based on data from the MHSIP survey, via the State's final URS tables.

This will be reflected in the FY10 application and the FY09 State Plan Implementation Report.

In FY07, the state's data methodology was changed by employing Probabalistic Population Estimation (PPE) to unduplicate our counts.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	8,080	11,735	8,108	8,964	110.56
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Ensure that children with SED are accessing services through the public system.

Target: Expand access to services to the estimated number of children with SED by a minimum of 1% over the previous year's prevalence estimate and/or 1% over the prior actual count

Population: State-eligible children with SED in the public system

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: The percent of State-eligible children with SED served in the public sys

Measure: Numerator-the number of State-eligible children with SED who received mental health services during the SFY
Denominator-the federally estimated number of children with SED residing in New Hampshire

Sources of Information: URS Table 14A

Special Issues: Child Protection (DCYF), Juvenile Justice (DJJS), Department of Education (DOE) and private providers, serve youth with SED outside of the CMHC system. We do not expect the CMHC treatment levels to approach treated prevalence rate for SED. The 07 data snd forward is unduplicated. There was a decrease in the number of children and adolescents served in 08. The Bureau's position of coordinator of Children's and Adolescent Mental Health Services is in a prolonged vacancy and "frozen". Organizational changes affecting the children's system are in process.

Significance: NOM #1 Increased Access to Services; New Hampshire children with SED who are eligible for State services shall be served in the public mental health system

Activities and strategies/ changes/ innovative or exemplary model: Monitored service utilization, and analyzed trends at each CMHC and statewide; worked with CMHCs on an individual basis to support appropriate services access.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	10.13	12.08	11	14.63	75.19
Numerator	47	54	--	48	--
Denominator	464	447	--	328	--

Table Descriptors:

Goal: Assure appropriate supports for children and youth being discharged from New Hampshire Hospital (continuity of care)

Target: Reduce the number of non-forensic readmissions to NHH within 30 days of discharge by a minimum of 1% each year

Population: Children with SED in the public system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of readmissions to NHH within 30 days of discharge

Measure: Numerator-the number of children who are readmitted to NHH within 30 days
Denominator-the number of children discharged from NHH during the past year

Sources of Information: URS Table 20A

Special Issues: The State's only Children and Adolescents Mental Health Services coordinator retired; the position was then frozen due to budget cuts; the Department of Health and Human Services is making some changes in the oversight and integration of children's systems, includng those in other Departments. The outcome and affect on the Bureau of Behavioral Health is unknown at this time. A contract for a Child ACT was not awarded in FY08 due to inadequate response to the RFP, which has been reissued.

Significance: NOM #2 Reduced Utilization of Psychiatric Inpatient Beds - 30 days; children with SED shall have sufficient discharge planning, aftercare, and community supports to prevent or reduce their readmission to the State psychiatric hospital within 180 days of a discharge

Activities and strategies/ changes/ innovative or exemplary model: Services were maintained and continued.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved. There is a continuing loss of psychiatric beds in general/community hospitals resulting in increased admissions to New Hampshire Hospital.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	21.34	19.91	19	29.88	63.59
Numerator	99	89	--	98	--
Denominator	464	447	--	328	--

Table Descriptors:

Goal: Assure appropriate supports for children and youth being discharged from New Hampshire Hospital (continuity of care)

Target: Reduce the number of non-forensic readmissions to NHH within 180 days of discharge by a minimum of 1% each year

Population: Children with SED in the public system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Children with SED in the public system

Measure: Numerator-the number of children who are readmitted to NHH within 180 days
Denominator-the number of children discharged from NHH during the past year

Sources of Information: URS Table 20A

Special Issues: The State's only Children and Adolescents Mental Health Services coordinator retired; the position was then frozen due to budget cuts; the Department of Health and Human Services is making some changes in the oversight and integration of children's systems, includng those in other Departments. The outcome and affect on the Bureau of Behavioral Health is unknown at this time. A contract for a Child ACT was not awarded in FY08 due to inadequate response to the RFP, which has been reissued.

Significance: NOM #2 Reduced Utilization of Psychiatric Inpatient Beds - 180 days; children with SED shall have sufficient discharge planning, aftercare, and community supports to prevent or reduce their readmission to the State psychiatric hospital within 180 days of a discharge

Activities and strategies/ changes/ innovative or exemplary model: Maintained and continued all services. Efforts and exploration to address the overall inpatient capacity issues, as well as the adequacy of community supports, are ongoing.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved. Lack of community supports coupled with lack of psychiatric beds in general/community hospitals, problems with workforce development including insufficient psychiatric specialists for our target population all affect the situation.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: NH does not conduct this EBP at this time

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: NH does not conduct this EBP at this time

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: NH does not conduct this EBP at this time

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	79.93	78.99	73.44	73.44	100
Numerator	223	267	--	401	--
Denominator	279	338	--	546	--

Table Descriptors:

Goal: Consumers will be satisfied with the services they receive.

Target: The percent of children (youth) with SED reporting positively on general satisfaction with services will increase by a minimum of 1% each year

Population: Children with SED in the public system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: MHSIP survey responses will yield a satisfaction percent that is increasing each year.

Measure: Nominator-the number of positive responses
Denominator-the total number of responses

Sources of Information: URS Table 11: Child and Adolescent Consumer Survey results from the Youth Survey; Item #2

Special Issues: BBH has created a new contract to improve quality of data; the measure is changed from "access" (06) to "general satisfaction" (08). The 06 actual has been corrected to reflect "general satisfaction" on this chart for this report. FY08 establishes a new baseline for "general satisfaction".

Significance: NOM #4 Client Perception of Care

Activities and strategies/ changes/ innovative or exemplary model: Conducted the surveys, analyzed the data and will share the results with the Community Mental Health
Center

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved. 73.44% is the new baseline for this measure.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	19.66	37.57	37.57	100
Numerator	N/A	58	--	65	--
Denominator	N/A	295	--	173	--

Table Descriptors:

Goal:	The public mental health system will support children with SED in returning to and/or staying in school by decreasing suspension and expulsion, and increasing school attendan
Target:	Maintain or increase percentage of families who report increased school attendance by 1% above the baseline percent established in SFY07.
Population:	Children with SED in the public system
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percent of families who reported increased school attendance when compared to total responses of families who reported attendance problems
Measure:	Numerator-the number of families of children with SED who reported increased school attendance Denominator-the number of families of children with SED who reported attendance problems
Sources of Information:	URS Table 19b- Child and Adolescent Consumer Survey results from the Families Survey; child in services at least 12 months
Special Issues:	BBH has created a new contract to improve quality of data
Significance:	NOM #5 Child - Return to/Stay in School; family and youth involvement in evaluating services is important for system improvement and reflects the value of family and youth-driven care.
Activities and strategies/ changes/ innovative or exemplary model:	Conducted the surveys, analyzed the results and will share the data with the Community Mental Health Center
Target Achieved or Not Achieved/If Not, Explain Why:	Target achieved. 37.57% is the new baseline for this measure.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	62.50	54	54	100
Numerator	N/A	5	--	27	--
Denominator	N/A	8	--	50	--

Table Descriptors:

Goal:	To support children/youth with SED in preventing and reducing crime
Target:	Maintain or decrease the percentage of families who report criminal justice involvement of their children by 1% above the baseline percent established in SFY07.
Population:	Children with SED in the public system
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percent of families of children/youth with SED who reported decreased criminal justice involvement
Measure:	Nominator-the number of families of children/youth reporting arrest in T1 (year one) who were not arrested in T2 (year two) Denominator-the total number of families of children/youth reporting arrest in T1 (year one)
Sources of Information:	URS Table 19a -Child and Adolescent Consumer Survey results from the Family Survey; in services for at least 12 months
Special Issues:	BBH has created a new contract to improve quality of data.
Significance:	NOM #6 Child - Decreased Criminal Justice Involvement
Activities and strategies/ changes/ innovative or exemplary model:	Conducted the surveys, analyzed the data, and will share results with the Community Mental Health Centers, the State Planning Council, and other stakeholders.
Target Achieved or Not Achieved/If Not, Explain Why:	Target achieved. 54% is the new baseline for this measure.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	0	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	61.05	78.99	80	80.88	101.10
Numerator	453	267	--	440	--
Denominator	742	338	--	544	--

Table Descriptors:

Goal: To support youth, and families of children and youth, in increasing their social supports and social connectedness.

Target: To support youth, and families of children and youth, in increasing their social supports and social connectedness; increase of minimum of 1% annually.

Population: Children with SED in the public system

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of positive responses

Measure: Numerator-number of positive responses
Denominator-total number of surveys received for the Family Survey that had a response to the social support/social connectedness items

Sources of Information: URS Table 9SC: Child/Adolescent Consumer Survey results-Family Survey

Special Issues: NH used proxy outcomes questions in 2006 to obtain reportable results for Social Supports/Social Connectedness, as opposed to adding the full number of new outcomes questions to the YSS and YSS-F; BBH has created a new contract to improve quality of data.

Significance: NOM #8 Child - Increased Social Supports/Social Connectedness; family and youth involvement in evaluating services is important for system improvement and reflects the value of family and youth-driven care.

Activities and strategies/ changes/ innovative or exemplary model: Conducted the surveys, analyzed the data and will share results with stakeholders including the Community Mental Health Centers and the State Planning Council

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved.80.88% is the new baseline for this measure.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	61.73	55.92	57.51	57.51	100
Numerator	458	189	--	314	--
Denominator	742	338	--	546	--

Table Descriptors:

Goal:	To support youth, and families of children and youth, in increasing their levels of functioning
Target:	Maintain or increase percentage of youth, and families of youth and children, who report increased levels of functioning by 1% annually.
Population:	Children with SED in the public system
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services 4:Targeted Services to Rural and Homeless Populations
Indicator:	Percent of positive responses
Measure:	Numerator- Number of positive responses Denominator- Total number of responses in the category.
Sources of Information:	URS Table 9SC: Child/Adolescent Consumer Survey results from the Family Survey: Functioning
Special Issues:	NH used proxy outcomes questions in 2006 to obtain reportable results for Social Supports/Social Connectedness, as opposed to adding the full number of new outcomes questions to the YSS and YSS-F; BBH has created a new contract to improve quality of data.
Significance:	NOM #9 Child - Improved Level of Functioning; family and youth involvement in evaluating services is important for system improvement and reflects the value of family and youth-driven care.
Activities and strategies/ changes/ innovative or exemplary model:	Conducted the surveys, analyzed the results and will share the data with the Community Mental Health Centers, the State Planning Council and other stakeholders.
Target Achieved or Not Achieved/If Not, Explain Why:	Target achieved. 57.51% is the new baseline for this measure.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Increased Private Residence Status

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	75	93.08	94.08	79	84
Numerator	2,930	3,406	--	6,146	--
Denominator	3,085	3,659	--	7,780	--

Table Descriptors:

Goal:	To assist children with SED who are without a stable living situation engage in CMHC mental health services that support the attainment of a safe, adequate, and stable living situation
Target:	The percent of children reporting living in a private residence shall increase by 1% from the prior year's actual count
Population:	Child with SED in the public system
Criterion:	3:Children's Services
Indicator:	The percent of children with SED reporting living in private residences
Measure:	Numerator- the number of families of children with SED reporting their current living situation to be a private residence Denominator-the number of families of children with SED for whom we have housing information
Sources of Information:	URS Table 15
Special Issues:	Reporting categories "other" and "N/A" are excluded from the counts; together they constitute 36% of the child responses; as such, the usefulness of this data is limited.
Significance:	NOM #7 Child - Increased Stability in Housing; lack of adequate, safe, and affordable housing or lack of a stable living situation is likely to be detrimental to supporting resiliency and recovery for children with SED; lack of stable housing is a condition that adds to disparities in health care, including creating barriers to access and utilization of services
Activities and strategies/ changes/ innovative or exemplary model:	Continued the provision of full service array appropriate to individual's needs; provided technical assistance for Person-Centered Treatment to CMHCs in FY08
Target Achieved or Not Achieved/If Not, Explain Why:	Target not achieved; data insufficient.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Transition Practices for Adolescents and Young Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	100	100	100
Numerator	N/A	N/A	--	6	--
Denominator	N/A	N/A	--	6	--

Table Descriptors:

Goal: To improve the delivery of transition services to meet the needs of adolescents and young adults

Target: The work plan will be 100% completed, for the development of a proposed plan for improving mental health services and supports to transition aged adolescents and young adults, with implementation of a pilot within two years.

Population: Adolescents ages 14 through 17 and young adults ages 18 through 24

Criterion: 3:Children's Services

Indicator: The percent of the completion of the work plan

Measure: Numerator-number of work plan elements completed
Denominator-number of elements in the work plan

Sources of Information: BBH State Planner; NH State Mental Health Planning and Advisory Council

Special Issues: This is a new State transformation measure for adolescents age 14-17, matched by an identical new State transformation in the Adult Plan (for young adults age 18-24)

Significance: NOM #1, Increased Access to Services and all New Freedom Commission Goals, #1 through 6. New Hampshire is taking the innovative approach of crossing two age groups and their respective service systems, children and adult, with one measure. It is also an innovative approach in that the Planning Council and the Bureau are active partners in the development of this measure; transition-specific activities for the identified age group are known to be a service gap in the NH public mental health system

Activities and strategies/ changes/ innovative or exemplary model: Analysis of the current needs and supports has been completed; an initial report on the present system with recommendations, due by June 30, 2008 was completed and has been submitted to the Bureau of Behavioral Health.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved. The first year work plan (6 essential elements) was completed in full.

NH has implemented a new MHSIP Survey process (Consumer/family Satisfaction Surveys) that has resulted in greater data integrity than the previous method. As such, the FY08 MHSIP data is now the new baseline data for all measures based on data from the MHSIP survey, via the State's final URS tables.

This will be reflected in the FY10 application and the FY09 State Plan Implementation Report.

In FY07, the state's data methodology was changed by employing Probabalistic Population Estimation (PPE) to unduplicate our counts.

New Hampshire

Planning Council Letter for the Implementation Report

Upload Planning Council Letter for the Implementation Report

New Hampshire State Mental Health Planning and Advisory Council

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November 25, 2008

Erik G. Riera
Bureau Administrator
105 Pleasant Street
Concord, NH 03301

RE: FY08 Block Grant Implementation Report

Dear Mr. Riera:

The New Hampshire State Mental Health Planning and Advisory Council (NHMHPAC) has reviewed the Bureau of Behavioral Health's FY 2008 State Plan Implementation Report at its November 18, 2008 meeting. The Council reviewed and discussed the Report, along with additional information provided by Lee Ustinich (NH State Planner) on various aspects of the report related to structure, statistics, and content. Members were encouraged to submit additional comments and suggestions.

Under its new structure, the Council has been very active monitoring the State Plan and providing feedback. One of the leading accomplishments was the release of the Council's report on Transition Issues for Youth. This will continue to be an important issue for the Council. The Council has continued to collaborate with the Bureau of Behavioral Health on two State Transformation measures on youth/young adult transition practices and needs in the public mental health system.

Council members have benefited from several training sessions. These included a full-day training provided by the National Association of Mental Health Planning and Advisory Councils. There were two data training sessions, one conducted by Dr. John Pandiani on the Population Overlap Estimate (POE) project, and the other on the Mental Health Statistical Improvement Program (MHSIP), conducted by Dr. Peter Antal. More information on these trainings is contained in the Implementation Report.

The Council is looking forward to two upcoming meetings, including your December presentation on the recently released report "Addressing the Critical Mental Health Needs of NH's Citizens: A Strategy for Restoration," and a January meeting with DHHS Commissioner Toumpas. Both meetings will further increased involvement and improved communications between the Council and State leadership.

The Council endorses the FY 2008 Implementation Report and looks forward to working with the Bureau of Behavioral Health to advance efforts to transform the NH public mental health system.

Sincerely,

Claudia J Ferber

Claudia Ferber, Chair
NH State Mental Health Planning and Advisory Council

New Hampshire

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.